

JAN 1 8 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43175

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 7600 Primary Registration District No. 1002
City St. Louis (No. 2751, Cherry)

File No. _____
Registered No. _____
St. 11th Ward

2. FULL NAME

John Frederick Weltman

(a) Residence No. 2751 Cherry St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Weltman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-6-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Photo supply Co

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxsville Tenn

13. NAME John F. Weltman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 18

17. INFORMANT Francis H. Weltman (ADDRESS) 2751 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 12-26-34

19. UNDERTAKER Gay Law Funeral Home (ADDRESS) 716 E. W. Ave.

20. FILED 12/26 1934 M. M. Brown Registrar.

5 MEDICAL CERTIFICATE OF DEATH Mon

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-5, 1924, to 12/24, 1934. I last saw h. 4:30 AM alive on 12/24, 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Uremic poison
Respiratory pneumonia
131
65 lb
99

Date of onset
12/22/34
11/23/34

Other contributory causes of importance:
Chronic interstitial nephritis
arterio-sclerosis
cardio-vascular diseases

Name of operation _____ Date of _____

What test confirmed diagnosis? Job Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. A. Demery M.D.
(Address) 274 S. Chadwell St. City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

